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PULMONARY CONSUMPTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarks were written simply with the view to show the great prevalence of tuberculous diseases, and the necessity of an institution founded for their investigation and treatment. It is now generally known, in this city, that an Infirmary for the Diseases of the Lungs is in existence, and we hope it may prove a useful charity. If the remarks are of any value, you will please to give them an insertion.

447 *Washington St., March* 1, 1838. Yours, &c.

HENRY G. WILEY.

The Boston Infirmary for the Treatment of the Diseases of the Lungs, commenced its operations in April, 1837. Its origin was unobtrusive, and its course, thus far, has been silent and unostentatious. Without funds, save those furnished by the originators of the scheme, its means, and consequently its usefulness, have been limited.

It would be needless to press upon this community the importance of an institution like that which we propose to establish. It would be an insult upon their powers of observation to tell them of the fatality of consumption—of the frequency of the various other diseases of the lungs—of their often insidious approach, and of the benefits which the community may expect from accurate and extensive observations in hospitals and infirmaries of this kind.

In proof of what we have said, were proof required, we need only point to the ample arrangements which are made in foreign countries for such purposes, and to our suppliant dependence upon them for most of the improvements in the healing art. Results have come to us which are as worthy of the means expended and the labor bestowed, as they are beneficial to the interests of the diseased and suffering.

Among the various public charities which ornament our city, those which have for their object the gratuitous distribution of medicine and medical advice to the poor, may justly lay claim to a prominent share of attention. The experiment, then, has been tried, and we need only mention for our encouragement the Massachusetts General Hospital, the Charitable Eye and Ear Infirmary, and the Blind Asylum. All these are in the full tide of successful experiment, and their distinguished founders and liberal supporters may feel assured that much immediate, as well as future good, will be the result.

Although all have some idea of the prevalence and mortality of consumption and of the diseases of the lungs, it may not be useless to examine, for a few years past, our bills of mortality, and see their exact ratio to other diseases. With this view we have examined the bills of mortality, as furnished at our health office, for the past ten years—omitting, however, that for the year 1834–35, which is not in our possession. The ratio in the others is so uniform that that omission can be of little importance. We are aware that some allowance should be made in the results thus obtained. The records were not kept with the view of scientific inquiry, and may not be as accurate as could be wished. More allowance would be required had we taken the records of an earlier date. Of late years, so much attention has been paid to the diseases of the lungs, that their *general* diagnosis at the termination of the disease could hardly be a matter of much difficulty. Much confidence, then, we think, may be placed in the results. The following is the table we have made.

1	2	3	4	Result. 1	Result. 2
1827–8.	57	178	1022	5 3-4	4 1-3
1828–9.	98	217	1233	5 2-3	3 9-10
1829–30.	113	203	1221	6	3 9-10
1830–1.	86	193	1125	5 7-8	4 1-3
1831–2.	115	203	1424	7	4 1-2
1832–3.	122	246	1761	7 1-8	4 2-3
1833–4.	111	240	1476	6 1-8	4 1-5
1835–6.	161	208	1914	9 1-6	5 1-5
1836–7.	148	233	1770	7 2-3	4 2-3
1837–8.	179	212	1843	8 2-3	4 2-3

We have not sought for mathematical accuracy in these results, but have endeavored to give a simple approximation to the truth.—The first column indicates the year; the 2d, amount of deaths from pulmonary affections, *not* including consumption; 3d, amount of deaths from consumption; 4th, whole amount of deaths during year. Under Result, the first column shows the proportion to whole number who died of consumption; 2d, proportion to whole number who died of pulmonary affections, including consumption.

It will be seen that we have furnished the whole number of deaths for each year in one column; in another, the number who are reported as having died of consumption; and in another, the number who died of other diseases of the lungs. If reliance can be placed in the accuracy of the reports, this table will show that for the past ten years, one in about 6 7-8 of the whole number of deaths was caused by consumption. If to this number we add the deaths from the other diseases of the lungs—as pneumonia, pleuritis, &c.—we find that the ratio of mortality from *all* the diseases of the lungs is about 1 to 4 1-3 of the whole number of deaths—a ratio truly alarming. It may be well to add that in our estimate we have taken no notice of the deaths caused by marasmus, scrofula, &c., which, in many cases, are undoubtedly only another name for some form of pulmonary affection—so that if inaccuracy exists in the reports furnishing too large a proportion in our results, this inaccuracy will in some measure be counterbalanced by our rejection of the above-named diseases. We have no means of determining, in these cases, the age at which this mortality is the greatest. But from the fact that consumption has been supposed to be confined almost exclusively to adults, we feel some confidence in the belief that few children, if any, are included in the above table.

From this table it will also be seen, by an examination of the ratio of mortality for the first five years of our estimate, and that for the last

five years, that the number of deaths from consumption has decreased from 1 in 6 1-16 for the first five years, to 1 in 7 3-4 for the last—but if to the deaths from consumption we add the deaths from the other diseases of the lungs during each period, we find that the ratio of mortality from *diseases of the lungs* is almost exactly equal. If these tables, then, were perfectly accurate, we should find a decrease in the mortality from consumption, and an increase in the mortality from the other diseases of the lungs. But we think the more natural supposition is, that what was once called consumption, is now, by a greater accuracy of diagnosis, placed under its appropriate head. Few, we think, will be disposed to question the truth of this assertion. Till the more accurate method of diagnosing diseases of the lungs by the use of the stethoscope, and by resort to a minute history of each individual case, as well as by taking into consideration the consequences to which some forms of primary diseases not unfrequently give rise, the closest inquiry and the most extensive practical experience would often fail to elicit truth. Our acquaintance with the consequences of pleurisy, chronic pleurisy, chronic pneumonia, chronic bronchitis, emphysema, the connection between cardiac diseases and rheumatism, as well as of the nature and some of the laws of tuberculous diseases, are only a part of our indebtedness to the founders of this system. The detail would be beyond the limits and aside from the intention of this article.

Another topic connected with tuberculous diseases, which has seemed to us to call for investigation, is its prevalence among children. While, during our pupilage, we visited the hospital attached to the House of Industry, then under the care of Dr. Perry, of this city, our attention was called to this subject, and from the great prevalence of consumption among these children we were led to seek for further information. Although little, comparatively speaking, has been written upon this subject, yet enough may be found to elicit some important truths, and to place the subject among those of the greatest interest in our professional inquiry.

We are sorry that our data are so small and comparatively inaccurate upon which to make an estimate of the mortality from this disease among children; yet we think the result will be worthy of some regard. We shall take the ratio of deaths among children, under five years of age, for the past ten years, and as an approximation of this proportion who die of consumption, the proportion which has been found to exist by observers in hospitals and elsewhere abroad. From the difference in the circumstances of the children in private families, and of those who would ordinarily be found in hospitals, the proportions may seem to be inaccurate, and the results unworthy of credit. It may be said that the latter are the offspring of dissolute and debauched parents, and that they come into the world with originally feeble or diseased constitutions, and are thus the fit subjects for diseases of every sort. We are aware that this is, in some measure, the case, and we know, so far as our observation, at the hospital to which we have alluded, extends, that they have been exposed, in many cases, to all the privations which abject poverty can inflict; to the influence of cold, with

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During the past ten years, omitting, as in the former table, the year 1834-35, and deducting the number of stillborn, there were 4527 deaths among children under 5 years of age—or 1 in about 3 1-3 of *all* the deaths were among children at the period we have named. We shall not give an opinion as to what proportion of this vast number were connected with or in any way dependent upon tuberculous diseases—but from the proportions which have been observed in other places, let each one deduce his own inference. One thing is certain, that there is a great number of deaths among children under 5 years of age, and from the extracts we have made from the observations of others, may we not reasonably conclude that there is a greater amount of mortality among us from this cause, than we have imagined. It is a subject certainly worthy the attention of the medical inquirer.

In an exceedingly interesting article by M. Rufz, in the Journal des Connaissances Medico-Chirurgicales, for September, 1835, on the Pneumonia of Children, may be found some facts of great importance indirectly relative to tubercles in children. From this paper we shall make some extracts, which, with the observations already made, will enable us to approximate, in some degree, to the influence of tubercles upon the progress and issue of other diseases. Among the complications of pneumonia in children, Rufz says, "Pleurisy in children, from six to fifteen years of age, is a complication so frequent that some authors designate the pneumonia only under the name of pleuro-pneumonia. On the contrary, the pneumonia in children under six years of age, is rarely complicated with pleurisy. In 12 cases there existed only one in which was found an effusion of serum, or the formation of recent false membranes. * * * Nine of twenty-three cases observed by Gerhard and myself, had tubercles in the lungs. * * * We have seen that uncomplicated pneumonia, after the age of six years, is a disease of little danger. On the contrary, *before* that period, pneumonia is always a severe affection, for in forty cases between the age of six and fifteen years, *not one* terminated in death, whilst the mortality in children *before* that period was entirely in an inverse proportion."

It is Rufz's opinion, however, that "Pneumonia has no influence on the production of tubercles"—and what may be the influence of the previously diseased state of the lungs upon this acute affection, as well as many of the other diseases of children, can be determined only by an extensive series of observations directed to this point. Dr. Clarke, in his work, to which we have already referred, says, "From examination it would appear that age has more influence in determining tuberculous diseases than all other appreciable causes. The tendency to this process is five times more intense at one period of life than at another: it may, perhaps, be said, that it is some hundred of times more intense in the fourth year than at birth. Tubercles prevail most during the third, fourth, fifth and sixth years." Now putting these observations together, we find that the absolute amount of deaths is greater during the first five years of life, than at any other period of the same duration. We find, also, that at this period the tendency to tubercles is the strongest. The question, then, arises, as to the influence of this tuber-

culous predisposition upon the amount of mortality. We think we may safely infer that deaths from tuberculous diseases are not unfrequent within this period of life—that tubercles are not simply a local, but a constitutional affection, depending upon causes which are as yet out of sight—that most of our fatal infantile diseases are connected with a tuberculous predisposition.

Should we extend our observations further, and embrace in our calculations that time of life under 15 years of age, cases might be found establishing beyond doubt a great mortality under that period. During 18 months which we visited the House of Industry, there were 58 deaths among children under 14 years of age; and 28 of these were from consumption. In some of these cases, tuberculous abscesses were found in the lungs—in others, tubercles less advanced—and in all but two, a scrofulous enlargement of the mesenteric or bronchial glands. It is proper to mention that most of these happened after an epidemic of measles. The predisposing cause of phthisis, and the diagnosis of its existence, and, in fact, of other pulmonary affections among children, are among the most desirable subjects of medical inquiry.

We have already extended these observations beyond our intention, and shall, for the present, leave the subject, but with the hope that its investigation will go on.

During the last six months about forty have applied for aid at the Infirmary. Many of this number were females who have been deterred from seeking medical assistance by pecuniary considerations, and have shrunk from the idea of being the subjects of individual charity. They have chosen rather to apply to an institution founded expressly to meet their wants. We believe that an infirmary of this kind is called for by the wants of the community, and trust that it will receive not only its countenance, but that of our professional brethren. There are already a number of interesting cases of disease upon our record books; and should the project continue, we hope, at some future day, to arrange the facts we collect and give to them a practical form.

PNEUMONIA—MALFORMATION.

BY L. HOWE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

On the 15th of January, 1837, I visited John Robinson, of Sharon, a pauper, aged 19. I was told, by his mother, that he had taken cold, about a month previous; that his symptoms were much aggravated a few days after, by exposure to a severe snow storm, and that he had had a bad cough from the first of his illness—had occasionally expectorated dark-colored blood, and had thrown up a gill, the night previous to my visit. His pulse were now 90, with little more than natural fullness; tongue furred; some pain in the left side. Could lie in bed without any considerable difficulty of respiration, and expectorated freely. A detail of the remedies would probably add nothing to the interest of this case.

On my second visit, four days after, I found the symptoms improved, and the improvement appeared to continue for three or four weeks. After this time, he occasionally suffered from paroxysms of dyspnœa or faintness; pulse became frequent and small; lower extremities anasarcous; fluctuation of water in the chest was audible on motion of the body; expectoration much as when I first saw him. A few days before his death, he was much exhausted by epistaxis, but was able to walk, with a little assistance, on the day he died, which was the 15th of March.

Thirty-six hours after, assisted by my pupils, J. Fox, M.D., and Mr. O. E. Parker, I made an examination of the body, rendered hasty and imperfect by our not arriving at the house till about an hour before the funeral services were to commence, and by the reluctance of the mother to consent to the examination; and even then, we commenced under threats of resistance, *vi et armis*, by an elder brother.

The first thing, worthy of notice, in the external appearance of the body, was a posterior curvature of the dorsal vertebræ. This portion of the spine formed nearly a semicircle, and the distortion of the sternum corresponded to the spine. On opening the chest, it was found to contain about 6 lbs. of bloody serum; adhesions of the lung of the left side were extensive; lower lobe hepatized; the bronchia filled with bloody mucus, and the pericardium adherent to the heart, excepting at the apex, where was a small coagulum. In the abdomen, the pancreas was partly ossified, the kidneys small, and the left one studded with miliary tubercles. The ossa pubis were wanting, and there was no ligamentous or cartilaginous union of the ischia. The corpora cavernosa were also wanting; the testes and scrotum were fully developed; the corpus spongiosum, with its preputium and glans, was about the natural size, and an inch and a half in length; there was a cleft in the superior portion of the glans, and, by turning the parts back, the urethra was exhibited passing through it. Extending from this to the bladder, was a groove on the surface of the corpus spongiosum, which seemed to be a bad conductor of the urine. The orifice into the bladder would easily admit the finger. There had been an incontinence of urine from birth. The bladder resembled a small sac, having no neck. The mother informed me that something occasionally came down through this opening in infancy, which caused much pain, and her physician called it a rupture. It was probably an inversion of the bladder.

This young man was of more than ordinary stature and strength. His mother said, "He was not worth a stick to pick up his load, but put it on his shoulders and he would carry as much as a camel." The weakness of his mind was in contrast with the strength of his body. His neighbors had supposed him to be an hermaphrodite, with as little reason as some of the deformities of the genitals of the other sex, had gained for the subjects of them this denomination.

MONSTROSITY.

On the 12th of May, 1836, Mrs. K. was delivered of a female child. The infant gave the usual announcement of a safe birth. But the joy

of the parents and attendants was soon turned into surprise and sorrow by the discovery, that instead of a nose between two eyes, there was but one orbit, situated where the nose should have been, and suspended above it was a substance resembling an elephant's proboscis. There was no eyeball, but within the orbit was a small quantity of something resembling the vitreous humor and the conjunctiva. The palpebræ were wanting. On irritating the margin of the orbit, there was an evident contraction of an orbicularis, exhibiting an effort at winking. The breathing of the child soon became difficult, as there was no other orifice for respiration than the mouth, and the lips at every inspiration operated as a valve to close it. By separating the lips with my finger, the respiration was restored. What was to be done? A tube, introduced and retained in the mouth, might perhaps save the life of the child, till she had *learned* (for instinct will not supply for the defects of one organ, an additional function in another) to open her lips to breathe. This I suggested; but *cui bono?* What was duty? How different the sympathies towards the little subject of nature's sport, and those formed according to her perfect model. On my visit, the next day, I was told the child had died about an hour after I left.

By the examination I was permitted to make, I found the proboscis was a well-organized elongation of the integuments of the forehead, having its base or origin over a small nasal process of the frontal bone. It was about the size of a lady's little finger—not quite so long, and a little more tapering; was patulent at its extremity, and the probe passed up a duct to about half its length. There were no superciliæ nor superciliary ridges, to denote where the orbits should have been. By puncturing through the dura mater, about a gill of water was drawn off.

On my first observing this *lusus naturæ*, my eyes were insensibly turned towards a show-bill of a menagerie of animals on the wall of the room, but I discovered no support to the opinion that the process of fœtal organization was influenced by the imagination of the mother, for there was no figure of an elephant, nor of a monoculous animal, among the number.

Jaffrey, N. H., February, 1838.

MATERNAL INFLUENCES OF THE MIND ON THE FŒTUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Have we any positive proof that the imagination of the mother exerts an influence over the "fœtus in utero," with regard to its form, color, and features, in consequence of being associated with surrounding objects terrific in appearance?

I have seen several communications in the Journal, on "Embryotic Influences," and, as I am fond of controversies, on interesting subjects, when the object is to establish facts and elicit truth, I send you some few remarks, of which you may dispose as you deem them worthy. Reason and good sense will ever dictate when and where the line of demarcation should be drawn between sophistry and true reasoning—be-

tween assertions, based on superstitious impressions, and those founded on anatomy and physiology. That the imagination of the mother exerts an influence on the external appearances of the child in utero, is, in my opinion, contrary to all anatomical and physiological reasoning. The very fact brought to view, in the remarks of Dr. Goulding—"that the connection between the mother and unborn child is indirect only, and this through the medium of the circulation;" that there is no nervous communication whatever, between the mother and child, is sufficient argument to put a damper at once upon all further speculations on the affirmative of this question.

The fœtus has its own system of vessels, distinct from the mother, and is dependent on her only for nutrition and support; consequently she cannot change its form, otherwise than in supplying the means by which it grows. Now the nutrition which the mother gives to the fœtus, is in the blood, and we do not suppose that the blood, communicated through the ductus umbilicus, is at all changed from what circulates through the mother's system, until the child collects the living corpuscles and adapts them to its own use.

Dr. Fish supposes that he has set himself free from the "apparently inextricable dilemma" into which he was thrown by Dr. Goulding's remarks on the "nervous communication." He says, "The mother has nerves to separate the requisite materials from the blood, and the child has nerves to apply them to their proper use." We must infer from these remarks that the *imagination* has power to dictate the nerves in their choice of materials for the child; consequently it may be the means, having been excited by a fright, of producing a deformity, corresponding with the object which occasioned it. Let us carry out this idea for a few moments, and see to what it amounts. That the mother has one system of nerves, and the child another—that the two systems are distinct and unconnected, certainly proves, to a demonstration, that the imagination of the mother has no control over the nerves of the child, but that the latter disposes of the living corpuscles according to its own established laws.

Suppose a woman is *enceinte*, and has passed through the seventh month of gestation, without any unnatural excitement; but, all at once, while taking her morning or evening walk, a huge snake rises up before her and causes a fright. At the usual period she is delivered of a full-grown child; but, lo! there is a black zig-zag mark upon its back. Now to account for this on the principle of "maternal influence," the mark could not have been on the child's back at the time she saw the snake, but was formed subsequently. Did the excited imagination of the mother immediately produce a change in the quality or quantity of the blood distributed to the fœtus? Did it select a certain quantity of black material and direct the child to adapt it on its back in a zig-zag or serpentine manner? Was the back the first part she touched after being frightened? Was this mark formed instantaneously, or was it the work of time; and if the work of time, was the imagination excited during the whole process? What though there might be a change in the fluid, when it arrives at the ductus umbilicus the action of the

mother ceases, and the fœtus disposes of it at its will—then how absurd is the attempt to explain this on the principle of "embryotic influences."

Dr. Ranney, in commenting upon Dr. Goulding's remarks, says he has offered "one argument, and one only, against any baneful maternal influence upon the fœtus in utero," viz., "that no nervous connection exists between them." He does not attempt to confute this, but merely says, it would better have answered his purpose, were he able to account for every phenomenon in nature on philosophical principles. That is as much as to say, when we can explain one phenomenon on "philosophical principles," we must throw that away, because we are yet so much in the dark that we cannot explain the whole. This would be a fine way of progressing science, when we get hold of one fact to fling it away for fear that it might lead us to another. He was once an infidel on this subject, but the cases he has quoted have made him a true believer in "embryotic influences." If he had been very deep in the mire of infidelity, the three simple cases he has quoted never could have extricated him. "His students were in the habit of dissecting the eyes of the calf. One of them lectured on the diseases, &c., of that organ before his sister, who was enceinte. The part of the eye which she most admired, was the *lens*. After her confinement it was found that her infant had a cataract of both eyes." A wonderful case indeed! I cannot see what this has to do with the question under consideration. How many instances do we have of children being born with cataract of one or both eyes, when the mother never saw an eye dissected, or a person laboring under that disease! Why may not the disease occur before the child is born, as well as afterwards? The principle would hold alike good in both cases—but in this referred to, the lady took the lens upon the point of a needle and examined it minutely. Probably when she stuck the needle into the lens of the calf's eye, it also pained her child's, and consequently rendered it opaque in part or wholly. He further says, that a full-grown fœtus was exhibited in the county where he resided. "The body and limbs were plump and perfect, and the only deformity appeared in the head and upper portion of the face, which was a perfect resemblance to a cat with a fractured skull and contused neck." Now whether the mother witnessed the killing of a cat, he, or the gentleman who exhibited it, does not know; but he cannot assign a more plausible cause. Mark the grounds taken; he does not wish to explain it on any philosophical principle, but immediately palms it off on maternal influence, from the mere supposition (he does not know) that the woman saw a cat's skull fractured. If this had been the case, it never could have been kept a secret, neither could the history of it have been confined to the vicinity where she resided; the story would have been told from "Dan to Beersheba." And yet he admits that there is no proof of connection between the *supposed* causes and their results in any of these cases. From what, then, does he draw these inferences?—why from the fact that he calls them "extraordinary coincidences." When Dr. Goulding produces a more rational theory, Dr. Ranney will be pleased to adopt it. Rational theory! What does the Dr. mean?—that it is rational to suppose, if a woman

has a particular desire for a bunch of grapes and is not able to obtain them, her child will have a picture of said grapes somewhere on the surface of its body! Is it rational to suppose that if, immediately after coition, a negro should stand before the woman, her child would be a mulatto? Is it rational to suppose that if a woman stands over the death-bed of her brother, his distorted and agonizing countenance will instantly be conveyed, by her imagination, to her child, and indelibly fixed upon it? If such a theory as this is rational, the comparative degree never should be called for.

If nature, in all her operations, is guided by systematic and uniform laws, we cannot expect that she will turn aside for an affright or untoward desire. If we are to explain all "lusus naturæ," connected with the fœtus, on the score of maternal influence, and without any positive proof, or rational coincidences, it will require abler pens than have ever yet commented upon it.

Because Hippocrates, Galen, and Darwin, believed that pictures were sufficient to give a corresponding appearance to the fœtus in utero, and that such notions have existed from the earliest history of the world, and still continue to exist, proves nothing in its favor, inasmuch as they could not support it by argument, based on the solid foundations of anatomy and physiology. Dr. Hunter's experience in two thousand cases of labor, to ascertain this point, proves more than all the whims now extant. Dr. Dewees thus describes the method which he took. "So soon as the woman was delivered, he inquired of her whether she had been disappointed in any object of her longing—whether she had been surprised by any circumstance that had given her an unusual shock—whether she had been alarmed by any object of an unsightly kind. Then, after making a note of each of the declarations of the woman, either in the affirmative or negative, he carefully examined the child; and he assured his class that he never, in a single instance of the two thousand, met with a coincidence." A. Parker, M.D.

Lebanon, Me. February 19, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 14, 1838.

PROGRESS OF SURGERY.

Among the many ingenious plans devised by surgeons in modern times for alleviating human suffering, the proposition of Dr. Bigger, for restoring lost vision, arising from permanent opacity of the cornea, is certainly unequalled. It consists in taking the transparent healthy cornea from the eye of an animal, and adjusting it to the eye of another animal, or to the human eye, from which the defective cornea is to be excised, at the same moment. He has performed the operation eighteen times on rabbits, and sixteen of them recovered imperfect vision. It must be much more difficult to transplant these essential parts of an important

organ of sense on brutes, than on men—particularly, as the most difficult and delicate part of the process relates to the adjustment and security of the new cornea. This part is confined to its new location by two fine ligatures, introduced by a needle. At first much perplexity was experienced in preserving the transparency of the transplanted organ, but he finally discovered that much benefit might be derived from a local application of a weak solution of bichloride of mercury, in the proportion of three grains to an ounce of distilled water, dropped into the eye three or four times a day after the adhesion was formed. The implanted cornea united to the sclerotica in seventeen cases, in forty-eight hours, so that the ligatures could be withdrawn. Dr. Bigger is not yet certain what animal it is most desirable to take the cornea from, though he has ascertained, thus far, that the pig's eye bears the nearest approach, in the character of its tunics, to the human. With this progress it will not be long before farther advances will be made to restore some now hopelessly blind person to imperfect vision. It is warrantable to make the attempt, even from these data, upon every principle of benevolence. The restoration of one blind man would be worth a hecatomb of animals, were it necessary to sacrifice so many. It will not, probably, be a year before some surprising triumph of modern surgery in this way, will be announced.

Pure Water.—The project which, at different times within the last ten years, has been brought before the inhabitants of Boston, for introducing water into the city, from the country, is again agitated. It is difficult to decide, from the condition of the business, as it now stands before the city government, whether the work will be speedily undertaken, or abandoned for another indefinite period. A very respectable number of physicians gave a professional opinion, years ago, that the health of the people would be promoted by the introduction of pure water, and, if we rightly remember, pointed out great and important advantages which would result from it in other respects. It is perfectly idle to pretend that the wells of Boston are equal to the demands of eighty or ninety thousand inhabitants, hemmed in as they are, by salt water, to a little spot of terra firma not much larger than a Berkshire farmer's sheep-pasture. Again, that all the wells, without distinction, are positively bad, and unsuitable for common domestic purposes, is equally gratuitous. The fact is, there are good wells and bad ones, but more of the latter than any one, not perfectly conversant with the topography of the city, would suspect. Still, there has never been any alarming mortality arising from this source, nor is it certain that many have died of diseases which were both developed and hastened to a fatal issue by impure water. Hoping for the best, we believe the City Council will act with that discretion which has always characterized its deliberations.

Manufactured India Rubber.—Notwithstanding the disrepute into which India rubber garments have fallen, as they were manufactured a few years ago, a revolution is taking place, and it would not be strange if some of the wild expectations of creating great fortunes by the sudden rise of India Rubber Stocks, should eventually be realized. Mr. Charles Goodyear, of Roxbury, in the vicinity of Boston, has discovered a manner of working this gum, which is absolutely astonishing. He not only actually has at this time long pieces of figured India rubber, resembling

was 25.45 years, which shows, notwithstanding a rapid increase of population, that the public health was good.

On the whole, this may be regarded in the light of a very valuable production, reflecting much credit on the indefatigable officer by whom it was constructed.

Mortality of Philadelphia.—A statement of the deaths in that city, in 1837, has been published in a very neat tabular form. Accompanying it is a statistical account also of the births during the same period. The births were 8188, of which 4235 were males, and 3953 females. The total mortality was 5202. Those dying of inflammation of the lungs, 226; consumption, 748; cholera infantum, 248; dropsy of the head, 192; scarlet fever, 205; smallpox, 79; stillborn, 321; of unknown diseases, 197. Of those who died, 365 were from the Almshouse, and 568 were colored people. The greatest mortality of males, in any month, being 219, appears to have been from August 5th to September 2d. Five persons died who had arrived to the age of between 100 and 110. The mortality of males exceeded that of females by 308. Of the first there were 2755, and of the latter 2447. No epidemic seems to have prevailed in the course of the year. Nearly all the bills of mortality which have been examined, for 1837, show that the year was characterized by a remarkable exemption from desolating maladies.

Institution for the Blind.—During the last year 14 were admitted to the Pearl Street Institution for the Blind in this city, 10 were discharged, 1 died, and 63 now remain. According to the annual report, the division and employment of time, the course of studies, the department of vocal and instrumental music, and the mechanical department, are all the same as in former years.

Among the pupils received last year, is one whose situation makes her an object of peculiar interest and lively sympathy. This is Laura Bridgman, an intelligent, sprightly girl, eight years old, entirely blind, deaf, dumb, and almost entirely deprived of smell, and has been so since her infancy. Here is a human being, deprived of almost every sense but that of touch, struggling to know her situation, and acquiring what would astonish any but the constant inmates of the institution. She runs about the house, up and down stairs, frolics with other children, plays with her toys, dresses and undresses herself with great readiness, and knows every inmate of the house by the touch. She can sew, knit and braid; has a sense of propriety, a desire to appear well dressed, and to have others notice it.—*Boston Traveller.*

Fatal Operation for Cleft Palate.—A daughter of Lord Lyndhurst, who was taken to Paris for the express purpose, was operated upon last year by M. Roux, for cleft palate. The result is said to have been fatal. We do not find in any of our journals the details of the case.—*Amer. Jour. of Med. Sciences.*

Medical Miscellany.—A correspondent writes that variola is rife throughout the Wabash Valley, and not one physician in a hundred has

any vaccine virus.—A spirited meeting has been held at Troy, N. Y., by gentlemen attending Dr. Armsby's lectures on anatomy, resulting in a series of resolutions, and the circulation of a petition, for signers, to be presented to the Legislature of New York, asking for a modification of the law, so that the study of humany anatomy may be encouraged and protected, as it now is in Massachusetts and Connecticut.—A negro, aged *one hundred and eight* years, died a few weeks since on the estate of Dr. Straith, in Virginia.—On the 14th of January the mercury, in the city of Paris, stood at nine degrees below zero.—Dr. Sharpless's essay on the use and abuse of the pessary, in a neat pamphlet, is acknowledged, and future reference will be made to it.—The editor of the American Medical Library announces his intention of republishing Liston's excellent work on Surgery, in his Journal, accompanied with plates.—Dr. Morton's new work, Crania Americana, illustrated by sixty plates and a colored map, will be ready for subscribers in October next. The price is twenty dollars.—Dr. G. S. Bedford's forthcoming work on midwifery will contain four hundred octavo pages, illustrated by many engravings.—At a sitting of the Medico-Chirurgical Academy of Naples, M. Grillo presented two eyes, from the same subject, in both of which the vitreous humors were ossified.—Dr. T. Stewardson is the translator of M. Louis's researches on emphysema of the lungs, now being published in the American Medical Library. That valuable publication has reached the 22d number, and fully maintains the elevated character which it had in the beginning.—Dr. Harlan, of Philadelphia, has addressed a printed letter to the editors of the Medical Examiner, on the subject of his own and Dr. Gibson's clinical lecture a few weeks ago—touching the propriety of a certain great operation in which the actual cautery was resorted to.— Dr. W. S. W. Ruschenburger, of the Navy, is the author of a new work entitled, "*A voyage round the world, including an embassy to Muscat and Siam.*" This very industrious gentleman is the author also of "Three years in the Pacific."—Dr. Flint, of the Louisville Medical Institute, is said to be on the eve of going to Europe.—A new plan for warming and ventilating the House of Commons is spoken of with commendation. The floors of the rooms resemble a grater, so numerous are the holes in them.—Dr. Robert Nelson, the master spirit and leader in the Canadian rebellion, is reputed to be the best *operating surgeon* in British America. He is small in stature, thin and lean, but highly educated and exceedingly courteous in manners. Dr. Wolfred Nelson is his brother.—A resolution was introduced last week at the New York Board of Assistants, to pay $500 to the Dispensary.

Erratum.—In the last number of the Journal, 80th page, 18th line from the top, for tongue not furred, *read* tongue more furred.

To Correspondents.—Besides various other favors, we are happy to acknowledge the receipt, but too late for further notice this week, of the report of the Worcester Insane Hospital.

Died,—In Franklin, Vt., Lyman Tenny, M.D.

Whole number of deaths in Boston, for the week ending March 10, 32. Males, 15—Females, 17.
Consumption, 8—fits, 1—scarlet fever, 3—marasmus, 2—dropsy on the brain, 1—typhus fever, 1—measles, 2—croup, 1—lung fever, 2—inflammation of the lungs, 1—convulsions, 1—sudden, 1—apoplexy, 1—hip complaint, 1—diarrhœa, 1—pneumonia, 1—inflammation of the brain, 2—dropsy, 1—inflammation of the bowels, 1—stillborn, 1.

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